

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

16014**4398**

FILED MAY 15 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

St. Louisb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis**c. LENGTH OF
STAY (In this place)
9 Daysd. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **St. John's Hospital****2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE

Mo.

b. COUNTY

St. Louisc. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Normandy 418 /**

d. STREET ADDRESS (If rural, give location)

7232 Normandy Place**3. NAME OF DECEASED**
(Type or Print)

a. (First)

Jane

b. (Middle)

c. (Last)

Minor

4. DATE

(Month)

(Day)

(Year)

4**27****53****5. SEX****Female****6. COLOR OR RACE****White****7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)**Married****8. DATE OF BIRTH****May 27, 1894****9. AGE** (In years last birthday)**58****10. UNDER 1 YEAR****Months****11. UNDER 1 YEAR****Days****12. UNDER 1 YEAR****Hours****Min.****10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)**Housework****10b. KIND OF BUSINESS OR INDUSTRY****Homemaker****11. BIRTHPLACE** (State or foreign country)**St. Louis****12. CITIZEN OF WHAT COUNTRY?****USA****13a. FATHER'S NAME****Peter Delaney****13b. MOTHER'S MAIDEN NAME****Jane Hickman****14. NAME OF HUSBAND OR WIFE****Edward Minor****15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)**No****16. SOCIAL SECURITY NO.****None****17. INFORMANT'S SIGNATURE OR NAME****Ed. Minor****ADDRESS****7232 Normandy****18. CAUSE OF DEATH**

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)**ANTECEDENT CAUSES**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)**DUE TO (c)****II. OTHER SIGNIFICANT CONDITIONS**

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION**Broncho pneumonia**
Rhypo-septic heartdies**INTERVAL BETWEEN ONSET AND DEATH****10 days for yrs.****19a. DATE OF OPERATION****None****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?****YES****NO****X****21a. ACCIDENT SUICIDE HOMICIDE**

(Specify)

No**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)**21c. (CITY, TOWN, OR TOWNSHIP)****(COUNTY)****(STATE)****21d. TIME OF INJURY**

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED**WHILE AT WORK****NOT WHILE AT WORK****21f. HOW DID INJURY OCCUR?****4340****22. I hereby certify that I attended the deceased from 4-18, 1953, to 4-27, 1953, that I last saw the deceased alive on 4-27, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.****23a. SIGNATURE**

(Degree or title)

John J. Hammond M.D.**23b. ADDRESS****634 N. Grand****23c. DATE SIGNED****4/28/53****24a. BURIAL, CREMATION, REMOVAL** (Specify)**Burial****24b. DATE****4/30/53****24c. NAME OF CEMETERY OR CREMATORY****Calvary****24d. LOCATION** (City, town, or county)**St. Louis****(State)****Mo.****DATE REC'D BY LOCAL****APR 29 1953****REGISTRAR'S SIGNATURE****Charles Smith M.D.****25. FUNERAL DIRECTOR'S SIGNATURE****Cullen Kelly****ADDRESS****4386 Lindell Blvd**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James G. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.